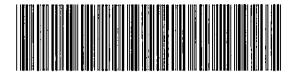
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## COVER LETTER

SUBJECT: BOC	ADREAMS REALTY, LLC		
	Name	of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) a	re submitted for file.	
Please return all cor	respondence concerning this or	latter to the City	
	g , ,	nater to the following:	
	Kristen King Jaiven		
		Name of Person	
	Kristen King Jaiven, L		
		Firm/Company	
	418 SW 11th Street	Company	
		Address	_
	Fort Lauderdale FL 333		
		<del></del>	
	kristen@kkjlawyer.com	City/State and Zip Code	
For further in the	E-mail address	(to be used for future annual report notifical	ion
V-:	concerning this matter, please	call:	
Kristen King Jaiven		407 590-9686	TO SECT TALL
Name (	of Person	)	TI DEC
•		Dayume Tele	ephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filling Fde, The Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee. FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BOCADREAMS REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Limi	ted Liability Company)	ords.)
The Articles of Organization for this Line		company)	_
The Articles of Organization for this Limi Florida document numberL16000	ted Liability Compa	any were filed on 08/25/2016	- 1 .
210000	137022		and assigned
This amendment is submitted to amend the	following		
A. If amending part	ronowing,		
A. If amending name, enter the new nar	ne of the limited li	ability company here:	
The new name must be distinguishable and contain  Enter new principal offices address if an	the words "Limited Lia	bility Company," the designed and the	
			C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STR	PET ADDRESS		···
3271371	EET ADDRESS)		
Enter new mailing add			
Enter new mailing address, if applicable:		9080 Kimberly Boulevard	
Mailing address MAY BE A POST OFFIC	E BOX)	Suite 12	
		Boca Raton, FL 33434	- 0 <u>0</u>
3. If amending the registry			
<ol> <li>If amending the registered agent and/or gent and/or the new registered office add</li> </ol>	r registered office :	address on our records, enter	20 20
and office and	<u>ress here</u> :	enter cinter	
Name of New Registered Agent:			259 E
	Jack Jaiven	·	TO OO TO
New Registered Office Address:	9080 Kimberly I	Boulevard, Suite 12	FA 0
		Enter Florida street address	
	Boca Raton	water street andress	-
<b>p</b>		City. Flor	ida <u>33434</u>
w Registered Agent's Signature, if changing	Registered Agent	•	Zip Code
CFCDV Account the control			
visions of all statutes relative to the prop	er agent and agree	to act in this capacity. I furth	er agree to comply with a
wisions of all statutes relative to the property the obligations of my position as registered by filed to merely reflect a change in the property has been notified in writing of this	stered agent as ne	erjormance of my duties, and	I am familiar with and
ry incomigations of my position as reging filed to merely reflect a change in the inpany has been notified in writing of this	registered office a	ddress. Thereby	S. Or, if this document is
writing of this	change.	That	the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Ben Schachter	9080 Kimberly Boulevard	□Add
		Suite 12	
		Boca Raton, FL 33434	<b>=</b> Change
MGR	Jack Jaiven	9080 Kimberly Boulevard	
		Suite 12	□Remove
		Boca Raton, FL 33434	<b>■</b> Change
			bdd
			□Remove
			202 Change Ti
			Michi Remove
			Change
			🖸 Add
			Remove
		<del> </del>	☐ Change
			□Add
		<del></del>	Remove
			□Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ACC BE
	22 F
	TSSS =
	27 M 8: 01 SSEE FA
(It an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 27 2023  Signature of a member or authorized representative of a member
	1-in ha
	Signature of a member or authorized representative of a member
	Kristen King Jaiven
	Typed or printed name of signer

Filing Fee: \$25.00